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ABSTRACT

This paper describes evaluation planning for the Cancer Education Program (CEP) at Ohio State University (OSU). The three-year OSU CEP project was designed as a multidisciplinary cancer education program. A responsive method, which trades off some measurement precision in order to increase the usefulness of the findings, was employed in the project. The key components of the OSU CEP were continuation of an ongoing student research assistantship program and development of new cancer education courses. Courses include a self-study module in epidemiology, prevention, and biostatistics; a compact course and mini-module course in nutrition and cancer; and a slide-tape series on head and neck cancer. Four questions were identified as most important in the evaluation: (1) What is the impact of the CEP on students? (2) How does the Student Research Assistantship Program compare to other student research opportunities? (3) To what extent is the CEP a truly multidisciplinary program? (4) What is the match between current cancer education courses and the developing CEP courses? These four questions provided a focus for planning and implementation activities, as well as for reporting instrumentation, data and interpretation. Appendices include a description of the cancer education program at OSU, a rating scale used in the evaluation, and a follow-up evaluation form. (JAZ)

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CANCER EDUCATION PROGRAM EVALUATION: A RESPONSIVE APPROACH TO PLANNING AN EVALUATION AND INITIAL RESULTS

by

James A. Pearsol

The Ohio State University

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CANCER EDUCATION PROGRAM EVALUATION: A RESPONSIVE APPROACH TO PLANNING AN EVALUATION AND INITIAL RESULTS

James A. Pearsol
The Ohio State University

The evaluation plans and procedures for the current Ohio State University Cancer Education Program (OSU CEP) were planned and initiated with a responsive orientation. Stake (1975) introduced responsive evaluation as an alternative to evaluator-controlled and guided program evaluation. Stake suggested that responsive evaluation was evaluation that:

> "orients more directly to program activities than to program intents; responds to audience requirements for information; and [emphasizes that] different value perspectives present are referred to in reporting success and failure of the program." (p. 10)

It is an approach that trades off some measurement precision in order to increase the usefulness of the findings to the persons in and around the program. Gallagher, et al., (1982) developed a monograph to introduce a range of evaluation approaches possible for cancer education programs. Although they did not use the term, "responsive," they described a similar evaluation approach as "naturalistic observation-transactional evaluation." Gallagher, et al., described the underlying values of this evaluation approach as "ecological" and "holistic." The evaluator's role is to "collect and interpret descriptions of natural distributions of events and processes within the program in order to identify areas of success and difficulty." We used these evaluation concepts as a basis for evaluating the OSU CEP.

Methods for employing a responsive approach are diverse. Stake and Pearsol (1981) outlined some of the key steps for responsively evaluating an educational program. These included:

1. Negotiating with the sponsors a framework for the evaluation.
2. Eliciting topics or questions of concern from the sponsors.
3. Formulating foreshadowing questions for initial guidance.
4. Entering the scene of the evaluation and observing it.
5. Paring down information, questioning it, identifying themes and issues.
6. Presenting these initial findings in an interim report.
7. Investigating more fully the predominant issues and concerns.
8. Looking for conflicting evidence that would invalidate findings.
9. Reporting the results in narrative style for the reader. (pp. 32 and 33)

In this paper, I will describe our efforts to negotiate an evaluation framework for the CEP and identify important foreshadowing evaluation questions. I will then describe some initial evaluation data generated from the OSU CEP. Most data described in this paper reflect project evaluation activities undertaken during 1985. It is important to note that the discussion of evaluation results here is preliminary. This paper is not intended to be an interim evaluation report. It is intended to be a practical description of evaluation planning.

Negotiating an Evaluation Framework

The sponsors in this case were of two kinds: the National Cancer Institute (NCI) grant sponsors and the local faculty of the Colleges of Medicine, Dentistry, Nursing, and the School of Allied Medical Professions. Satisfying the NCI grant sponsors was accomplished mainly through the proposal development process and later through completing timely and thorough reports. Once the grant application was approved, the important evaluation sponsors were the local interested OSU faculty and staff.

The OSU CEP was designed as a multidisciplinary cancer education program. This three-year project started in January, 1985, but it is an extension and expansion of a previous program started in 1978. The key components of the CEP are continuation of an ongoing student research assistantship program and development of new cancer education courses. Courses were broadly defined to include a self-study module in epidemiology, prevention, and biostatistics; a compact course and mini-module course in nutrition and cancer; and a slide-tape series on head and neck cancer. Other planned educational products included computer case simulations and a speakers' bureau. (For a general description of the OSU Cancer Education Program, see Appendix A.)

Evaluation activities proposed in the grant application (Professional Oncology Education Program Proposal, 1984) alluded to the planned evaluation approach.

> Basically the evaluation plan has two purposes: process monitoring and impact assessment. Process monitoring will be accomplished by procedures that support a formative evaluation intention and emphasize a descriptive, interpretive approach . . . Evaluation methods that comprise process monitoring include interviews; document reviews; observations; and brief perception surveys. Impact assessments will be accomplished by procedures that support summative evaluation intentions and give indications of effects that may be attributed to a selected aspect of the cancer education program. Examples of summative evaluation indicators might be oncology knowledge test scores, end-of-project attitude surveys, and student research reports. (p. 177)

The Cancer Education Program evaluation was planned to include a wide range of methods and data sources. However, the ways data would be treated and reported would be defined in part by the developing evaluation issues and problems faced as the CEP evolved.

Eliciting Evaluation Questions and Concerns

From the beginning, I invited OSU faculty and staff to comment on possible issues and concerns that they might consider important. Without some

prodding on my part, faculty were reluctant or unsure of the purpose of my requests for their input. The most direct source of faculty and staff feedback was that generated through a brief survey (see Appendix B). Twenty-nine faculty and staff, including the CEP advisory committee, co-investigators, project administration, and multidisciplinary content team members, completed an eleven-item rating scale to indicate their choices of important evaluation questions pertaining to the CEP. The raters were asked to indicate which three of the eleven questions they considered most important in determining the CEP's effectiveness. Four questions were identified as most important for evaluation attention. The four questions included the first choice of all repondents, the second choice of two-thirds of the respondents, and the third choice of half the respondents. The questions are listed below in order of selection, most important first.

1. What is the impact of the CEP on students (e.g., knowledge, experience, attitudes, awareness)?
2. How does the Student Research Assistantship Program compare to other student research opportunities?
3. To what extent is the CEP a truly multidisciplinary program?
4. What is the match between current cancer education courses and the developing CEP courses?

Consistent with a responsive approach, program evaluation activity was directed to answering these four program evaluation questions.

Resorting to a rating scale as a mechanism for obtaining faculty and staff input concerning evaluation issues at first seemed excessive; however, I found many faculty uncertain about what to say when asked in conversation or at meetings what they saw as important evaluation issues. For these medical educators in this instance, evaluation, particularly program evaluation, seemed an unfamiliar activity. I believe the rating scale helped them crystallize their thinking about evaluation.

The list of evaluation questions was generated by me and the Project Director with the advice and input of staff from the Division of Research and Evaluation in Medical Education. We discussed possible issues and concerns and felt the eleven items represented a range of important concerns for initial investigation.

The four questions identified through the brief survey provided a focus for planning and implementing evaluation activities. The four questions are paraphrased below as section subheadings. Examples of evaluation instrumentation, data, and interpretation pertaining to each question are described.

Initial Program Evaluation Activity

In the following sections, I describe our attempts to provide evaluation information and evaluative interpretations that addressed the expectations of the four general evaluation questions. At this stage, I have treated the four questions as foreshadowing questions, i.e., questions that anticipate possible critical issues or areas of information need. Below I chronicle our efforts to enter the scene of the evaluation and record observations.

Impact on Students

During this our first year on the new grant, our impact on students was primarily a result of our work on the Student Research Assistantship Program (SRAP) and the efforts of the nutrition and cancer content team. One-hundred-twenty-five students requested information about the SRAP during 1985. This total included 85 medical, 25 dental, one nursing, and 14 allied health students (and one other). Eventually, 32 students applied for SRAP funding. Twenty-two were funded; 20 completed projects (two dropped due to extenuating circumstances).

We documented the "impact" of the SRAP on these student research assistants in a variety of ways. Preceptors completed evaluation forms on the students. Students completed similar evaluations of the preceptors. Students wrote short papers describing their participation in their research projects, and preceptors and students participated in brief exit interviews. The record of impact with these kinds of data is different from that produced by achievement testing. Impact here was not documented by performance on a knowledge test but rather by the perceptions reported concerning a research-oriented learning experience. Alice[1], a first-year medical student, summed up her assistantship experience in the following way.

> The strengths of the research experience were to give me an opportunity to learn about oncological disease through reading, discussion, and participation with subjects in the study. It gave me the flexibility to spend time researching areas of interest to me. I was exposed to the research process from grant writing to computer data entry for statistical analysis. It also gave me an early introduction to working with a diseased population.

Students were evaluated by preceptors using a simple evaluation form. One item asked preceptors to rate students on several performance qualities. Their ratings on this item are summarized in Table 1.

Table 1. Frequency of Ratings of Students by Preceptors, 1985 SRAP (N = 17 Preceptors)

Please rate the student research assistant on the following performance qualities:	EX	GD	SA	UN	NA
a. attitude during participation in the research project	12	4	1		
b. collection of research data	9	8			
c. analysis of research data	5	7	1		4
d. performance of research (and/or lab) techniques	8	7			2
e. overall assessment of student's performance as a research assistant . .	11	5	1		

Preceptors were evaluated by the students also. One item asked students to record their level of agreement with four statements. This item and the students' responses are listed in Table 2.

Table 2. Frequency of Student Responses, 1985 SRAP
(N = 18 students, 2 missing)

The Preceptor:	SA* 6	5	4	3	2	SD* 1
a. encouraged me to be an active participant in the research project	14	2	1		1	
b. answered my questions carefully and completely	7	7	2	2		
c. was enthusiastic	11	4	1		1	1
d. stimulated my interest in the research topics(s)	9	6	1	1	1	

*SA = Strongly agree; SD = Strongly disagree

Students also reported whether or not they would recommend that their preceptor work with the CEP in the future. Seventeen students said yes. One student did not recommend that his preceptor continue.

As noted above, most students indicated some positive attitudes regarding the experience. However, a few students were unhappy with the quality of preceptor supervision. Carl, an undergraduate biochemistry student, was disappointed with the extent of his preceptor's involvement.

> Dr. _____ showed virtually no interest in my participating in his lab. All of the techniques and responsibility I achieved over the summer were due to the excellent advice and training of his lab assistant. Another disappointment was that I did not always know why we were doing certain procedures.

One implication of a responsive evaluation approach is that the project will benefit from evaluation information as the project unfolds. This is the intent of formative evaluation--information will be reviewed as it is collected in order to make adjustments in the project. Here we noted several

opportunities for adjustments in the SRAP. One preceptor was dropped, because he failed to provide much direction to a student. A set of guidelines outlining preceptors' responsibilities was also developed. Another set of guidelines for students' research reports was developed. These are examples of modest changes made as a result of our first cycle of evaluation in the SRAP.

The nutrition and cancer content team initiated a mini-module that permitted another opportunity to document student impact. Fifteen medical students elected the four-session course as one of two first-year electives. Again, students were not directly tested on their nutrition and cancer knowledge; however, end-of-module evaluations indicated a positive reaction to the course. All students either agreed or strongly agreed that the mini-module had clear objectives, objectives were met, and the mini-module was a learning experience. All recommended that the mini-module be given next year.

The indications of student impact here are modest ones. They are important in the context of the OSU CEP, because they provide an indication of student awareness, attitudes, and experiences. There is not yet a proper programmatic thrust to warrant knowledge retention assessment.

Student Research Opportunities

Comparisons with other available student research opportunities at OSU were accomplished in two ways. One was through inspection of CEP and other student research offerings; the other was through a follow-up survey of former CEP student research assistants.

Students in the College of Medicine may obtain off-quarter research funds through a grant program called the Roessler Fund. It is a program where funds are readily available. Between 1983 and 1985, 311 medical stu-

dents were engaged in research projects supported by Roessler funds. Most of these students present the results of their research on an annual research day. Twenty-one Roessler projects resulted in publications. Dental students may participate in research through a fund set up by the dean, Ohio Dental Association funds, and the American Association for Dental Research. The number of funded positions are few. In 1986, 45 dental students participated in one or more of these funded programs. Opportunities for student research in Nursing and Allied Health are almost nonexistent due to the heavy undergraduate emphasis of these programs.

In 1985, the OSU CEP funded 20 students. Of these, two presented papers at a state blood bank conference; two presented at the College of Dentistry Research Day; one will present a paper at a head and neck cancer conference; one is third author of an article; another has had an abstract accepted at an international cancer conference; and two have developed procedures that have been incorporated into current hospital practices. These publications and presentations as a result of students' participation in CEP research projects indicate a productive student research assistantship program, one that compares well with the available OSU student research opportunities.

We also asked student research assistants to rate the overall value of their research assistantships. Of sixteen student responses to an "overall assessment" item, 14 rated the overall educational value of their research assistantship as "very good" (the highest ranking), and two rated the value of the experience as "fair." None rated the research assistantship experience "poor."

A follow-up survey of previous CEP student research assistants suggested that a number of former students also found the opportunity to do cancer-related research a positive experience. The follow-up survey instru-

ment was an adapted version of a survey used at the University of Arkansas. It was a short questionnaire with multiple choice and open-ended questions (see Appendix C). Fifteen of 28 former student research assistants funded by the CEP between 1978 and 1984 completed follow-up surveys. The responses of the 15 are summarized in the following paragraphs. (I have used language parallel to Dr. Neilan's to describe OSU students' responses to the same items used in the Arkansas follow-up study.)

When asked to rate the assistantship on a five-point scale, eight of 15 former student research assistants felt the program was "excellent"; six rated it "very good"; one considered it "good"; and none thought the program was fair or poor. Another question asked whether the participants thought their career choice had been influenced by the SRAP. Nine answered "yes," and six "no." The five individuals who planned to enter an oncologic specialty felt that their choices were definitely influenced by this program.

Another question asked the former participants whether the experience had affected their attitude toward patients with cancer and, if so, how. Nine of 15 respondents felt the program had altered their attitudes positively. Six did not feel the program affected their attitudes toward cancer patients one way or the other.

Three items exclusive to the OSU follow-up study addressed the influence of the project on their research activity. Four reported that they planned to maintain an active research program over the next five years. Seven said they did not plan an active research program, and four were uncertain. Four reported that they had published the results of their CEP research projects.

These fifteen respondents were all either former medical students, undergraduates planning to enter medical school, or advanced graduate stu-

dents. One of the most compelling written responses was from an M.D. who wrote: "My participation in a student research assistantship was always discussed when interviewing for fellowships."

The number of students upon which the above comparisons and inferences are based is small. However, there is some indication of an initial, positive reaction to the efforts and opportunities presented through the SRAP.

A Multidisciplinary Program

Determination of the extent to which the CEP is truly multidisciplinary is still pending. Currently, the project does staff itself with faculty from the three colleges and school, and non-medical students from Dentistry (two in 1985, three in 1986), Allied Health departments (two in 1985, four in 1986), and Nursing (one in 1986) have participated in the SRAP. But these are not great numbers. Perhaps this is as it should be. It is clear that the NCI is interested in promoting future physician participation in cancer research.

It is too early to tell if we at OSU are providing optimal cancer education to students in all disciplines. In 1986, each content team will begin to implement its core courses. The extent of student participation in these courses will indicate our success in addressing this question.

One project team member has suggested that future considerations about the scope of the program include discussion of a two-tiered educational program. She felt that a truly multidisciplinary program must recognize the graduate/undergraduate distinctions of the participating health education programs. Her suggestion was that one program of study be geared to medical and dental students (those students who are post-baccalaureate) and the other be geared to allied health and nursing students (pre-baccalaureate).

The question of the extent of multidisciplinary orientation is an example of an evaluation issue that is difficult to define, investigate, and

report on. Its importance, though, does not seem diminished by lack of current evaluation data. This issue is an example of an issue as yet poorly understood in this evaluation effort.

Comparisons Among Cancer Education Courses

The intention of this question is to determine how the CEP's developing courses compare to other available OSU cancer education courses. In the first two years of the medical curriculum, faculty representing both the lecture-discussion and independent study programs are looking into ways to revise oncology education. These curriculum revision efforts are in the planning stages. Dentistry, Nursing, and Allied Health students have a few limited courses related to cancer. The OSU CEP's courses, as has been alluded to, are not yet fully developed, except for the nutrition and cancer mini-module. When these core courses are implemented, then we will have better indications. Here the foreshadowing evaluation question is premature and cannot be addressed adequately.

Responsive Evaluation Revisited

In program evaluation the more one moves away from the concept of evaluation as measured by student impacts, the more one discovers that evaluation activity is contingent upon debate and negotiation among process events. In this paper, I have described a beginning program evaluation process, one where the responsive evaluation steps completed are roughly numbers one through four (see page 2, key steps for evaluating responsively). Much work is pending. One necessary next step is sifting through the implications indicated by the data to date and the faculty members' perceptions of these implications.

Is this then truly a responsive evaluation? Yes and no. In some ways, I have tried to orient the evaluation to audience concerns, to those of the

participating OSU faculty, and to a lesser extent to NCI staff needs. But the translation of a model or approach to practice often brings sacrifices. In this case, part of the failure of the evaluation as a responsive one has been my inability to persistently engage key faculty groups in discussion or identification of possible or pending cancer education issues. I've wondered if I have been too little evaluative and too much compliant. Right now, I think I need to turn my view to how the program is working. That is the focus of the evaluation questions pertaining to multidisciplinary concerns and comparisons with other cancer education courses. I am satisfied with our responsive chronicling of the first two student-oriented evaluation questions. The more we focus on our programmatic issues, the more complex evaluation becomes. As Stake (1975) stated:

> We need to portray the complexity. We need to convey holistic impression, the mood, even the mystery of the experience . . . More ambiguity rather than less may be needed in our reports. Oversimplification obfuscates. . . Some evaluation reports should reveal the 'multiple reality' of an educational experience. (p. 23)

In summary, this paper describes an attempt to use a responsive approach for evaluation of a cancer education program. The above accounting describes the progress and problems faced in getting a responsive evaluation underway and what it looks like half finished.

Notes

[1]Fictitious names have been used to protect confidentiality.

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APPENDIX A

CANCER EDUCATION PROGRAM

On January 1, 1985, the National Cancer Institute (NCI) awarded The Ohio State University (OSU) College of Medicine a three-year training grant to promote cancer education for health science students. This is being accomplished through a collaborative effort between the Colleges of Medicine, Dentistry, and Nursing and the School of Allied Medical Professions. This Program is a continuation and expansion of previous efforts to expose students to cancer research.

The primary goal of the Cancer Education Program is the improvement of cancer education for health science students. The main components of the Program developed during 1985 are the Student Research Assistantship Program and the new curriculum development efforts in the following content areas: (1) epidemiology, prevention, and biostatistics; (2) nutrition and cancer; and (3) cancer of the head and neck. In addition, a multidisciplinary advisory committee representing the basic and clinical sciences has been organized to help plan, coordinate, and evaluate the Cancer Education Program.

Student Research Assistantship Program

The objective of the Student Research Assistantship Program is to provide students with unique opportunities for short-term, practical experiences in the application of cancer knowledge, including introducing students to current cancer research and research concepts, principles, and methodologies. During 1985, 22 student research assistantships were competitively awarded. Formative program evaluation of the Student Research Assistantship Program has been extremely positive and highly encouraging. The Student Research Assistantship Program has permitted students to gain hands-on, close-up expo-

sure in projects with experienced preceptors in the basic and medical sciences applied to cancer.

Curriculum Development in Cancer Education

The Epidemiology, Prevention, and Biostatistics content team has been organized to develop and implement a self-study module for students. This segment seeks to help students understand research design, to read the research literature intelligently, and to achieve an understanding of the general background of epidemiology, prevention, and biostatistics as it relates to research in oncology. A pilot study and revisions of this module are planned for 1986.

The Nutrition and Cancer content team will offer a mini-module for first-year medical students Autumn Quarter, 1985, and a formal, three-credit hour course Winter Quarter, 1986. In addition, the team has organized a Speakers' Bureau on Nutrition and Cancer that is prepared to respond to both the University's and local communities' requests for speakers.

A special project team covering cancer of the head and neck has been organized to develop a slide/tape presentation. The presentation will be approximately 60 minutes in length, and topics to be covered include normal anatomy, physical examination techniques, and diseases. The initial trial and program revisions will be carried out January-March, 1986. The development of a videotaped segment in this area is also planned for production during 1986.

Future Activities

Activities for 1986 include continuation of content team efforts, piloting and revising curricular materials, developing simulated case studies in nutrition and cancer, preliminary analysis of needs in psychosocial/reha-

bilitative aspects of cancer, marketing and awarding student research assistantships, developing and sponsoring a research seminar for student research assistants, implementing year two evaluation plans and survey instrumentation, collecting and analyzing data, and reporting activities and progress to the Cancer Education Program Advisory Committee and the NCI.

APPENDIX B

OSU CANCER EDUCATION PROGRAM (CEP)
EVALUATION PLAN

Rating Scale

Directions: Listed below are examples of program evaluation questions. From your perspective as an Advisory Board member, which three of the eleven questions below would you most like to have answered? Rank order your choices in the following manner: (1) the most important question, (2) next in importance, and (3) third in importance. Once you have selected and ranked your top three choices, return this form to James A. Pearsol, Research Associate II, Cancer Education Program, N-904 Doan Hall. Thanks.

Rank (pick three)	Program Evaluation Questions
_____	1. To what extent is the CEP a truly multidisciplinary program?
_____	2. What faculty (and staff) to what extent participate in the program as teachers and learners?
_____	3. How do CEP course offerings mesh with an already overloaded program of study for students?
_____	4. What are the "opportunity" costs or benefits acquired by students in the CEP?
_____	5. What is the impact of the CEP on students (e.g., knowledge, experience, attitudes, awareness)?
_____	6. What is the relationship of this award to previous awards? Is there a pattern of development?
_____	7. How is instruction in the CEP courses different from that in other similar courses?
_____	8. How might CEP courses avoid designation as "frill courses" that suffer from some provisional status?
_____	9. How does the Student Research Assistantship Program compare to other student research opportunities?
_____	10. What has the CEP Project Administration Team done to protect the quality and define the scope of the CEP?
_____	11. What is the match between current cancer education courses and the developing CEP courses?

_____
Your Name (please print)

Return to: James A. Pearsol, Research Associate II, Cancer Education Program, N-904 Doan Hall

APPENDIX C

The Ohio State University
Cancer Education Program (CEP)
Student Research Assistantship Program

Follow-Up Evaluation

Your Name _____ Degree _____

Current Permanent Address _____

_____ Telephone No. _____

Former Preceptor's Name:

Dates of Appointment:

We are attempting to evaluate the OSU Cancer Education Program's Student Research Assistantship Program. We want to assess the program's effectiveness and to improve the program in the future. Please complete the following questions:

1. What is your specialty or planned specialty? _____

   If related to oncology, do you plan a research career?

   Yes _____ No _____

2. Which best describes your current or planned position? (circle one)

   a. Full time private practice
   b. Full time salaried position, non-academic
   c. Full time salaried position, academic
   d. Student
   e. Other (specify) _____

3. Do you see yourself maintaining an active research program in your immediate (next five years) professional future?

   Yes _____ No _____ Uncertain _____

4. Did you publish the results of your CEP research project?

   Yes _____ No _____

   If yes, please give full citation.

   _____

5. How do you rate your experience as a clinical research assistant from your present perspective? (circle one)

   a. Excellent
   b. Very good
   c. Good
   d. Fair
   e. Poor

6. What was the best part of your clinical research assistantship experience?

_____

_____

_____

7. What was the worst part of your clinical research assistantship experience?

_____

_____

_____

8. Did the assistantship affect your career choice? Yes _____ No _____

   If so, how? _____

9. Did the experience affect your attitude toward patients with cancer?

   Yes _____ No _____

   If yes, how? _____

10. If an M.D., did the Program influence the "patient mix" you prefer in your practice?

    Yes _____ No _____ Does not apply _____

    If yes, how? _____

11. Do you have any suggestions for the future of the Student Research Assistantship Program?

_____

_____

_____

12. Other Comments: _____

_____

_____

Please return to:

The Ohio State University
Cancer Education Program
Student Research Assistantship Program
N-904 Doan Hall
410 West Tenth Avenue
Columbus, OH 43210